ICHD–ENVIRONMENTAL HEALTH DIVISION

PJB

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

Relocation of tanks AP

PERMIT # 307651

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4673 06 92

APPLICANT/OWNER: Justin Green | APPLICANT ADDRESS: 175 Walden Dr Mooresville, NC

SITE ADDRESS: 175 Walden Dr Mooresville, NC | PHONE: 7044267397 | ALT. PHONE

SITE DIRECTIONS: Main St N TR Linwood TL Teeter Rd TR Walden Dr on left | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Walden Ridge | SECTION: 1 | LOT # 56 | LOT AREA: 1.34 Ac | DESIGN FLOW: 480gpd | L.T.A.R.: .3

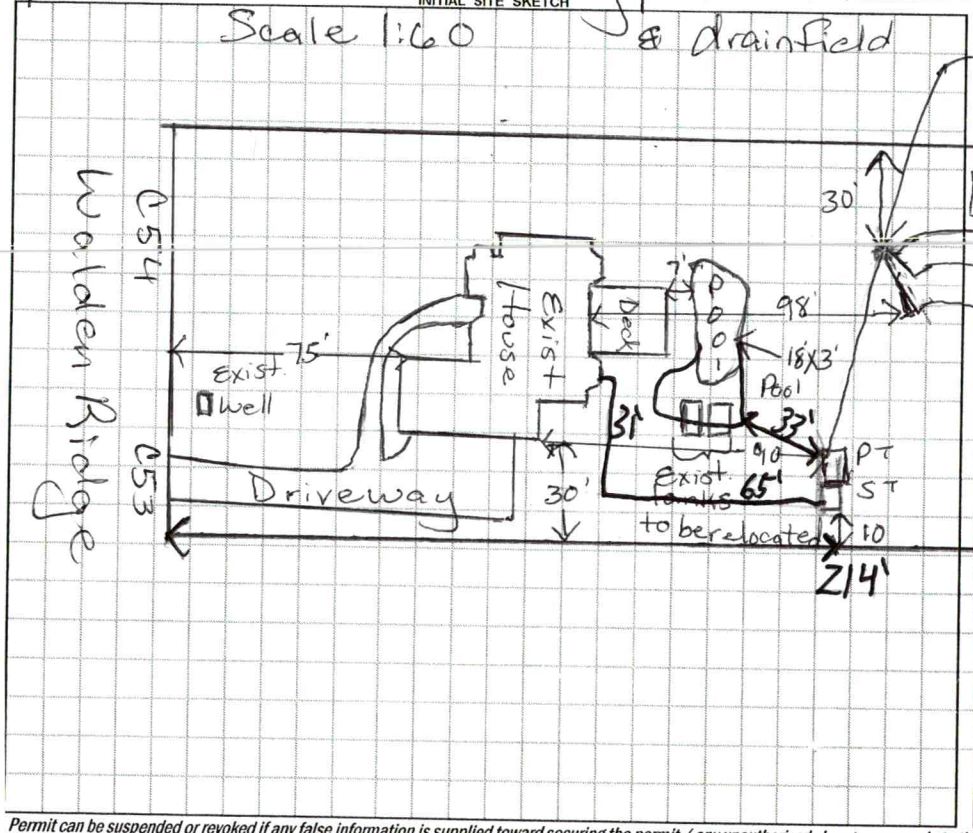
Septic Tank	1000 (gal)	STB 760	Date 3/24/2020	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT 34	Date 4/23/2020	System Description: PM - 25% Reduction		☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description: LP PPBPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines 3 Exist	Linear Ft 400'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth N/A	☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

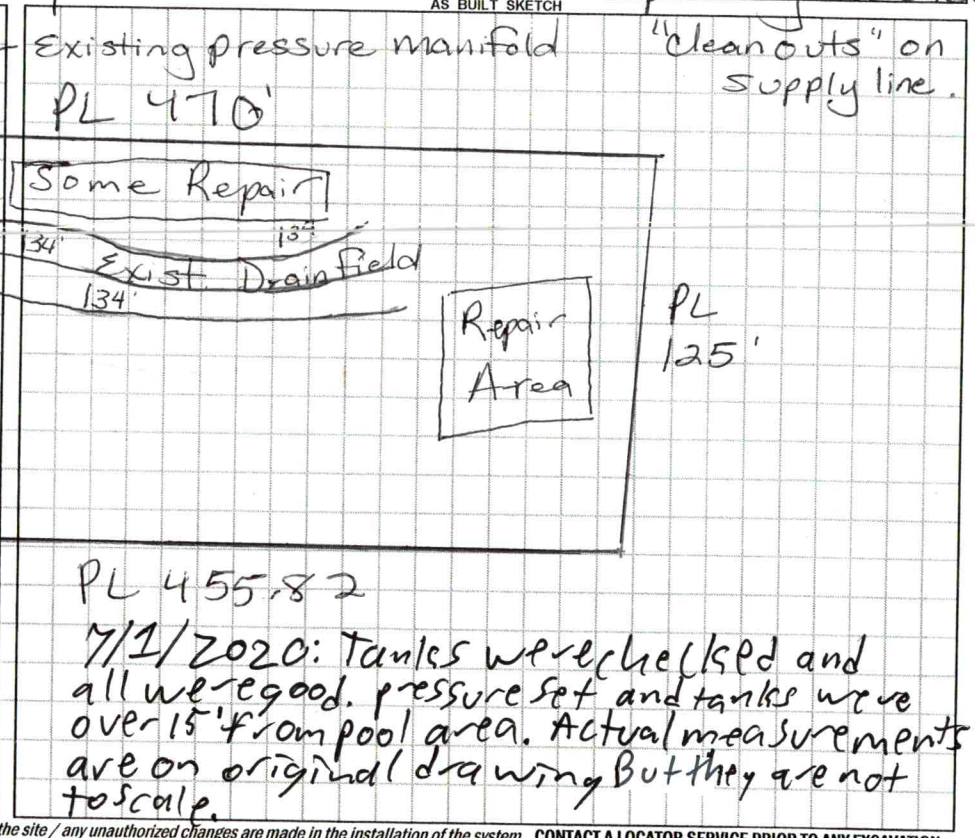
Comments / Conditions: ★Relocate existing Septic tank & Pump tank, a minimum of 15ft from pool cut. Hook onto existing pressure manifold & drainfield

OK to "properly abandon" existing tanks & install new tanks a minimum of 15ft from pool cut. ★Note: follow NC plumbing Code for "clean outs" on supply line.

INITIAL SITE SKETCH



AS BUILT SKETCH



7/1/2020: Tanks were checked and all were good. pressure set and tanks were over 15' from pool area. Actual measurements are on original drawing But they are not to scale.

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Acceptance of Permit Recvd Date: 6-8-2020 Installed by: Hagerbyers Rentals

IMPROVEMENT PERMIT by: Maria Dotson Date: 6/4/2020 OPERATION PERMIT by: Patrick J Bogett Date: 7/1/2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 6/5/2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Justin Green, am the legal owner or the agent of the property located at 175 Walden Dr., identified as PIN(Parcel Identification Number) 4676730692, located in Iredell County, North Carolina.
Permit # 307651.

I ~~do hereby~~ agree to the permit design and the conditions of this permit.

[signature] 6/8/2020
Signature of Owner/Authorized Agent Date

Bridgett Green 6/8/20
Signature of Witness Date

jgreen@morrisonhershfield.com
email

	Date	Initials
Drain Lines Checked N/A		
Tanks Checked	7/1/2020	PJB
Pressure Manifold or Valve Box Checked	7/1/2020	PJB
Pressure Head Set	7/1/2020	PJB
Electrical Checked	7/1/2020	PJB
Floats Set	7/1/2020	PJB
Alarm Checked	7/1/2020	PJB
Maintenance Contract Y / N	7/1/2020	PJB
Comments: Randy 704-902-4207		

RECEIVED MAY 2 2 2020 AP-307607 $200.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Justin Green **Address:** 175 Walden Dr. **Zip:** 28115

Applicant Email: jgreen@morrisonheightfield.com **Phone:** 704-426-7397 **Alt. Phone:**

Owner Name: Same **Address:** **Zip:**

Owner Email: Same **Phone:** Same **Alt. Phone:**

Property Information:

Street Address: 175 Walden Dr.

Subdivision Name: Walden Ridge **Section/Phase:** 1 **Lot Number:** 56

Driving Directions: off Teeter Rd.

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — (✓) Swimming Pool — (✓) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: Move Tank for pool
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2007
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 5/15/20
Property owner or Owner's legal representative signature (SIGNATURE REQUIRED) DATE

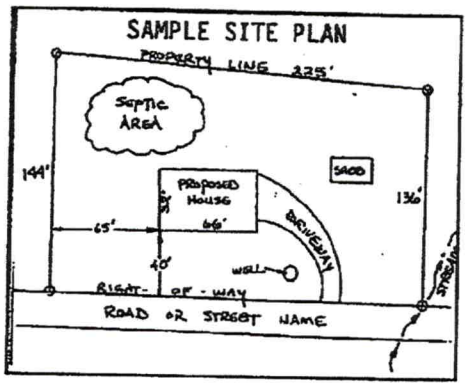
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- NA (X) Preferred well location
- NA ( ) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

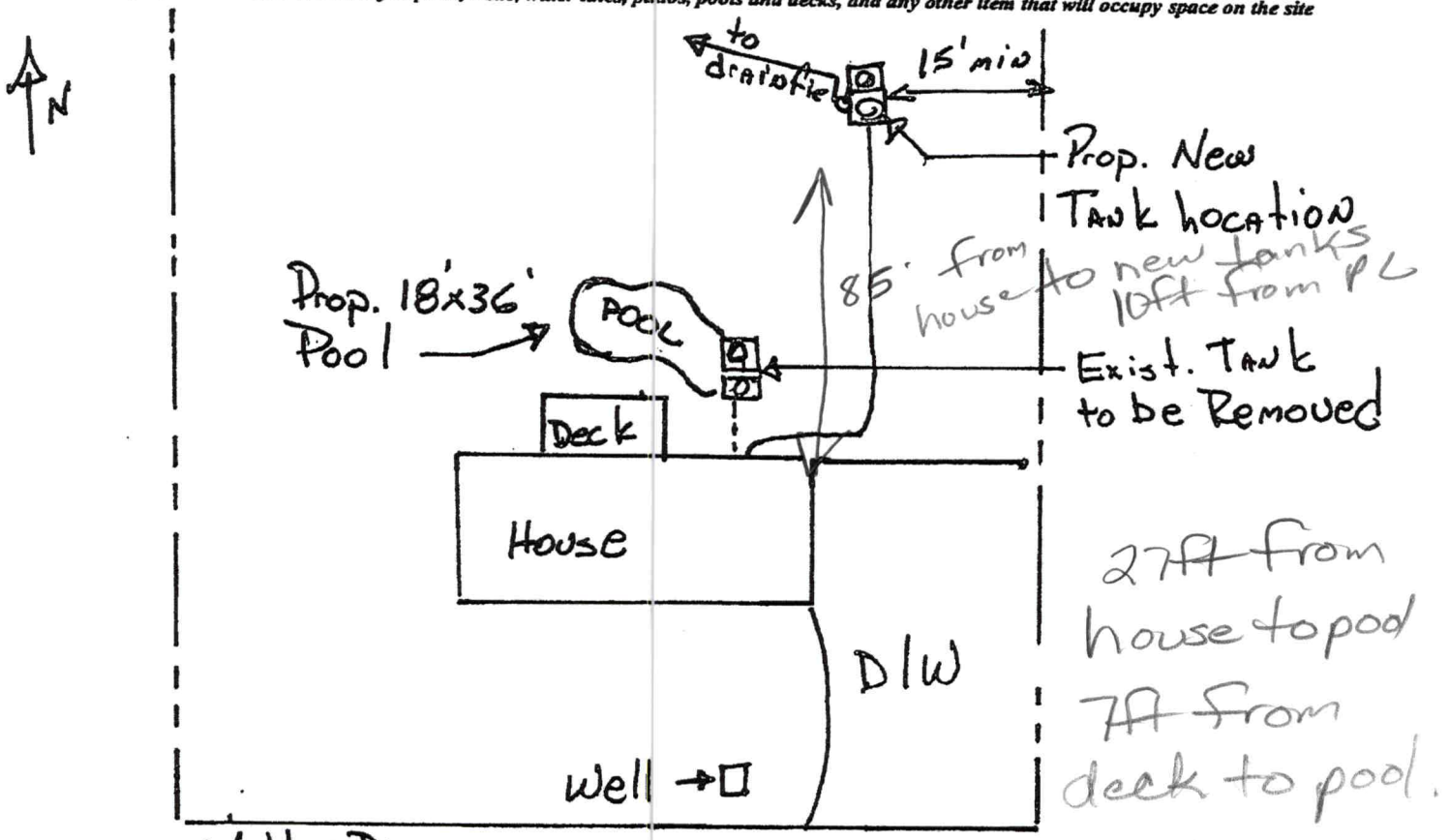


Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A ✓
Location of easements and rights of ways on your property	N/A ✓
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/15/20

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * *(Sign here)* _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
307651 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4676730692.000	175 WALDEN DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: GREEN BRIDGETT E+JUSTIN B	Name: GREEN BRIDGETT E+JUSTIN B
Address:	Address: 7044267397
Phone:	Phone: jgreen@morrison brockjie.com

Use Requested	Zone Code
SWIMMING POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.34	0	10	10	10	WSII-BOW Coddle Creek	NO

Remarks

POOL 18X36

Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above. SETBACK TO STRUCTURE COULD BE MORE OR LESS DEPENDING UPON THE BUILDING CODE; HOWEVER THERE IS A ? FT SET BACK FROM THE PROPERTY LINE.*The setback could change depending on the structure and size of the structure.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

PAID ONLINE
DATE:

Date: 05/21/2020

Signature of Owner/Contractor

Permit Number	307651	TOTAL FEES:	$77.25